



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

05/13/2004

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER:</b>	NJD047501457
<b>INSTALLATION NAME:</b>	GENTEK BUILDING PRODUCTS
<b>INSTALLATION ADDRESS :</b>	11 CRAGWOOD RD AVENEL, NJ 07001
<b>MAILING ADDRESS :</b>	11 CRAGWOOD RD AVENEL, NJ 07001

EPA Form 8700-12/AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056**

**TO: GENTEK BUILDING PRODUCTS  
or Current Occupant  
ATTN: WILLIAM VALLIER  
11 CRAGWOOD RD  
AVENEL, NJ, 07001**

<b>MAIL THE COMPLETED FORM</b> <b>TO:</b> The Appropriate State or EPA Regional Office	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		ENVIRONMENTAL PROTECTION AGENCY REGION II 2004 APR -8 PM 4:29 RCRA PROGRAMS BRANCH
<b>1. Reason for Submittal</b> (see instructions on page 9)  MARK ALL BOX(ES) THAT APPLY	<b>A. Reason for Submittal:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment# _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number</b> (page 10)	<b>EPA ID Number:</b> NJD047501457		
<b>3. Site Name</b> (page 10)	<b>Name:</b> Gentek Building Products		
<b>4. Site Location Information</b> (page 10)	<b>Street Address:</b> 11 Cragwood Road <b>City, Town, or Village:</b> Avenel <b>State:</b> NJ <b>County Name:</b> Middlesex <b>Zip Code:</b> 07001		
<b>5. Site Land Type</b> (Page 10)	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 10)	<b>A.</b> 332812 <b>B.</b> 3329 <b>C.</b> <b>D.</b>		
<b>7. Site Mailing Address</b> (page 11)	<b>Street or P.O.</b> 11 Cragwood Road <b>City, Town, or Village:</b> Avenel <b>State:</b> NJ <b>Country:</b> UNITED STATES <b>Zip Code:</b> 07001		
<b>8. Site Contact Person</b> (page 11)	<b>First Name:</b> William <b>MI:</b> E <b>Last Name:</b> Vallier <b>Phone Number:</b> 7328272338 <b>Extension:</b> <b>Email Address:</b> bill_vallier@gentek.ca		
<b>9. Operator Legal Owner of the Site</b> (pages 11 and 12)	<b>B. Name of Site's Operator:</b> AMI <b>Date Became Operator (mm/dd/yyyy):</b> 08/29/2003 <b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <b>A. Name of Site's Legal Owner:</b> Alexander Summers <b>Date Became Owner (mm/dd/yyyy):</b> 01/01/1969 <b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

<b>9. Legal Owner</b> (Continued) Address	Street or P. O. Box: 80 Route 4 Suite 300 City, Town, or Village: Paramus State: NJ Country: United States	ENVIRONMENTAL PROTECTION AGENCY REGION II 2004 APR -8 PM 4:29 WASTE PROGRAM BRANCH																								
<b>10. Type of Regulated Waste Activity</b> Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.)																										
<b>A. Hazardous Waste Activities</b> Complete all parts for 1 through 6.																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>1. Generator of Hazardous Waste</b>            If "Yes", choose only one of the following -a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (200 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> </div> <div style="width: 48%;"> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>2. Transporter of Hazardous Waste</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Treater, Storer, or Disposer of Hazardous Waste (at your site) Note:</b> A hazardous waste permit is required for this activity</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Recycler of Hazardous Waste (at your site)</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>5. Exempt Boiler and/or Industrial Furnace</b>            If "Yes" mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>6. Underground Injection Control</b></p> </div> </div>																										
<div style="display: flex;"> <div style="width: 50%;"> <b>B. Universal Waste Activities</b>            Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:</b> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Generated</u></th> <th style="text-align: center;"><u>Accumulated</u></th> </tr> </thead> <tbody> <tr> <td>a. Batteries</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Pesticides</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Thermostats</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Lamps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Other (specify) _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Other (specify) _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Other (specify) _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>2. Destination Facility for Universal Waste</b>            Note: A hazardous waste permit may be required for this activity.</p> </div> <div style="width: 50%;"> <b>C. Used Oil Activities</b>            Mark all boxes that apply.           <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>1. Used Oil Transporter</b>            If "Yes, mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>2. Used Oil Processor and/or Re-refiner</b>            If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>3. Off-Specification Used Oil Burner</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>4. Used Oil Fuel Marketer</b>            If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> </div> </div>				<u>Generated</u>	<u>Accumulated</u>	a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
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g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>																								

**11. Description of Hazardous Wastes( see instructions on page 16)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

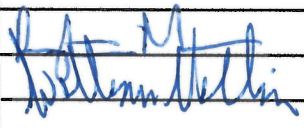

D001	D005	D006	D007	D008	D018	D035
D039	D040	F005				

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


**12. Comments (see instructions on page 17)**

**13. Certification** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the the possibility of fine and imprisonment for knowing violations.

(see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	Rogatien Mason, Process Engineer	3/31/2004
	William E Vallier, Technical Manag	3/31/2004



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/09/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD047501457

FACILITY NAME -> GENTEK BUILDING PRODUCTS INC

MAILING ADDRESS -> 11 CRAGWOOD RD  
WOODBIDGE, NJ 07095

INSTALLATION ADDRESS -> 11 CRAGWOOD RD  
WOODBIDGE, NJ 07095

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: VALLIER, WILLIAM  
TECHNICAL MGR  
GENTEK BUILDING PRODUCTS INC  
11 CRAGWOOD RD  
WOODBIDGE, NJ 07095

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

94 DEC 27 PM 12:11

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

N J D 0 4 7 5 0 1 4 5 7

## II. Name of Installation (Include company and specific site name)

G E N T E K B U I L D I N G P R O D U C T S I N C

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

I 1 C R A G W O O D R O A D

Street (continued)

City or Town

W O O D B R I D G E

State

N J

ZIP Code

0 7 0 9 5 -

County Code

0 2 3

County Name

M I D D L E S E X

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

I 1 C R A G W O O D R O A D

City or Town

W O O D B R I D G E

State

N J

ZIP Code

0 7 0 9 5 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

V A L L I E R

(first)

W I L L I A M

Job Title

T E C H N I C A L M G R.

Phone Number (area code and number)

9 0 8 - 8 2 7 - 2 3 3 8

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

☒
☒

B. Street or P.O. Box

City or Town

W A R R E N

State

O H

ZIP Code

4 4 4 8 1 -

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

G E N T E K B U I L D I N G P R O D U C T S I N C.

Street, P.O. Box, or Route Number

2 8 0 N O R T H P A R K A V E N U E

City or Town

W A R R E N

State

O H

ZIP Code

4 4 4 8 1 -

Phone Number (area code and number)

2 1 6 - 3 9 3 - 1 1 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Ownership Indicator (Date Changed)

Yes

No

1 2 2 1 9 4

Landlord's address is attached





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

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EPA I.D. NUMBER

•NJ0007501057

ALCAN ALUMINUM CORP  
PO BOX 200  
WOODBIDGE

NJ 07095

INSTALLATION ADDRESS

11 CRAGWOOD RD  
WOODBIDGE

NJ 07095



W	N	J	D	0	4	7	5	0	1	4	5	7	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 7 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Thomas W. Dawe  
Operations Manager

8/12/80